



AF/28/11

PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	Application Number	10/045,913
	Filing Date	January 9, 2002
	First Named Inventor	Rana P. Singh
	Group Art Unit	2811
	Examiner Name	Samuel A. Gebramariam
	Attorney Docket Number	SC11448TP P01

ENCLOSURES

(check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance
Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-Related papers | <input checked="" type="checkbox"/> Appeal Communication to Group
in triplicate
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation,
Change of Correspondence
Address | <input checked="" type="checkbox"/> Return Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> RCE
<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Transmittal of Formal Drawings
<input type="checkbox"/> Cited References * |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts
Under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Joanna G. Chiu	Registration No.	43,629
Signature			
Date	4/28/04		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Pat Thomas
Signature	
Date	4-28-04